

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE					
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1							51							
2		1					52							
3		1					53							
4		1					54							
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17		1					67							
18		1					68							
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20		1					70							
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34		1					84							
35	1						85							
36		1					86							
37		1					87							
38		1					88							
39		1					89							
40		1					90							
41	1						91							
42		1					92							
43		1					93							
44		1					94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	7						TOTAL IND.							
TOTAL DEP.	27						TOTAL DEP.							
TOTAL CLAIMS	34						TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS